

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/018437**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		/		/			53						
5		/		/			54						
6		/		/			55						
7		/		/			56						
8		/		/			57						
9		/		/			58						
10		/		/			59						
11		/		/			60						
12		/		/			61						
13		/		/			62						
14		/		/			63						
15		/		/			64						
16		/		/			65						
17		/		/			66						
18		/		/			67						
19		/		/			68						
20		/		/			69						
21		/		/			70						
22		/		/			71						
23		/		/			72						
24		/		/			73						
25		/		/			74						
26		/		/			75						
27		/		/			76						
28		/		/			77						
29		/		/			78						
30		/		/			79						
31		/		/			80						
32		/		/			81						
33		/		/			82						
34		/		/			83						
35		/		/			84						
36		/		/			85						
37		/		/			86						
38		/		/			87						
39		/		/			88						
40		/		/			89						
41		/		/			90						
42		/		/			91						
43		/		/			92						
44		/		/			93						
45		/		/			94						
46		/		/			95						
47		/		/			96						
48		/		/			97						
49		/		/			98						
50		/		/			99						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	25		25				TOTAL DEP.						
TOTAL CLAIMS	26		26				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS